

Permit #

Fees

Check #

Workers Comp. Verified: YES NO



1101 EAST 1ST STREET

Sanford, Fl 32771

PHONE: 407-665-7050

FAX: 407-665-7486

SEMINOLE COUNTY RESIDENTIAL PERMIT APPLICATION

Job Street Address:

Date:

City:

Zip:

Parcel ID:

Directions to Job Site

Owner Name:

Address:

City/ St/ Zip

Phone:

Fax:

EMAIL:

Contact Person:

Phone:

Contractor

Address:

City/ St/ Zip

Phone:

Fax:

EMAIL:

Lic. Holder Name:

Lic. Number

***** Attach proof of Ownership: Tax record from Seminole County Property Appraiser's Office, Tax Receipt or Deed, etc. *****

Parcel ID:

Plat Book

Subdivision Name:

Description of Work:

Valuation of Work (Estimate): \$

Total Square Footage

Total HVAC / Living Space Square Footage

Will trees be removed? NO YES (If yes, COMPLETE an Arbor Permit Application)

Utilities Circle items that apply

Septic Tank

Well

Existing Well

Public Water

Public Sewer

Utility Letter (Include utility letter from appropriate agency)

<u>Subcontractors</u>	<u>License #</u>	<u>Business Name and/or License Holders Name</u>
ELECTRICAL		
MECHANICAL		
PLUMBING		
ROOFING		
LOW VOLTAGE		
GAS		
IRRIGATION		
OTHER		

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, AND HVAC. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS (180 DAYS) OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS (180 DAYS) AT ANY TIME AFTER WORK IS COMMNCED.

I HEARBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESSUME TO GIVE AUTHORITY OR VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERMANENCE OR CONSTRUCTION.

THE VALUATION FOR THIS PERMIT WILL BE CALCULATED USING THE ICC BUILDING VALUATION DATA USING THE GOOD CATEGORY. BY MY SIGNATURE, I ACKNOWLEDGE THIS FACT AND WAIVE ANY RIGHTS TO APPEAL SAID VALUATION AND OR PERMIT FEES.

I HEREBY CERTIFY THAT AT THE TIME OF THE APPLICATION AND ISSUANCE OF THE ABOVE PERMIT, ALL NECESSARY WORKMEN'S COMPENSATION INSURANCE REQUIRED BY THE STATE OF FLORIDA HAS BEEN OBTATINED TO EFFECT THE PROPER PROTECTION OF THOSE WORKERS UNDER MY EMPLOY.

Signature of Contractor:

Date:

Signature of Owner:

Date: